

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 107239581 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	8					
10	8					
11	8					
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TOTAL IND.

4

TOTAL DEP.

189

TOTAL CLAIMS

193

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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100						

TOTAL IND.

4

TOTAL DEP.

189

TOTAL CLAIMS

193